|                    | Maine Immunization Program Pediatric Monthly Rep |    |          |         |          |     |          |      |          |       |       |               |     | ort     | of '     | Va    | CC       | ine     | U     | sa           | ge  |          |                             | F    | Page     | ;1)           |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
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| Name               | Ī  |    |          |         |          |     |          |      |          |       |       | Ī             |     |         |          |       |          |         |       |              |     |          |                             |      | Ī.       | hone          |      |                           |      | ]_            |         |                               |           | j _          |          | Ī   | T                  | T       | 41028                    |   |
| Address            | Ť  |    | Ì        |         |          |     | T        |      |          |       |       | i             |     |         |          |       |          |         |       | Ì            |     |          |                             |      | Ī        | Mont          | h -\ | rear                      | r Re | ⊐<br>eport    | ing     | H                             |           | 1/           |          | T   | Ħ                  | Ħ       | ֧֧֓֞֜֞֓֓֓֓֓֓֟֝֟ <u>֚</u> |   |
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| City               | <u> </u>   |    | <u> </u> |         | <u> </u> |     | <u> </u> |      | <u> </u> |       |       |               |     |         |          |       |          |         |       | <del> </del> |     | L R      | Pono                        | rt C | ∟<br>`or | ]<br>ompleted |      |                           |      |               |         | 1                             | ,<br>     | <br>/ [      | <u> </u> | _   | 一                  | 一       | ]<br>]                   |   |
|                    |  |    |          | <u></u> | Jum      | bor | of F     |      | 20 1     | dmin  | ioto  | <u> </u>      | 4   | hin /   | ١ ۵      |       |          | <u></u> |       |              | Dat |          | СРО                         |      |          | прісте        | L    | h4===                     |      | ) /           | <u></u> | Cule                          |           | <u> </u>     | A al al  |     |                    | <u></u> | <u></u>                  |   |
|                    |  | Γ  | Ι        |         | NUIII    | bei | r of Do  |      | es A     |       | niste | erea<br>      | wit | 11111 / | <u>'</u> | e Gio | ups<br>[ | 5       | Ţ     | <sub>T</sub> |     | ٠ ٦      | Total                       |      | T -      | [   S         |      | Subtract<br>Total         |      | - T           |         | Subtract                      |           | Add<br>Total |          | Add |                    | Equa    |                          |   |
| Vaccine<br>/Dose # |  | <1 |          | 1       | 2        |     | 3-4      |      | 5        | 6-    | .9    | 10-14         |     | 15-19   |          | 20-24 | 25-44    |         | 45-64 |              | 65  | 5+  <br> | Doses<br>Given<br>(Per Row) |      | F        | Previous      |      | Given<br>(Per<br>Vaccine) |      | Doses         |         | Total<br>Doses<br>Transferred |           | D            | Doses    |     | Amount<br>Received |         | Balance<br>in<br>Refrig. |   |
| DTaP               | 1  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      | T        |               |      |                           |      |               |         |                               |           |              |          | T   |                    |         |                          |   |
|                    | 2  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
|                    | 3  |    |          |         |          |     |          | T    |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
|                    | 4  |    |          |         |          |     |          | T    |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
|                    | 5  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
| Dt<br>(Ped)        | 1  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          | T   |                    | T       |                          |   |
|                    | 2  |    |          |         |          |     |          |      |          |       |       |               |     |         | Ì        |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
|                    | 3  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
|                    | 4  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
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| HIB                | 1  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
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|                    | 3  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
| IPV                | 1  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
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|                    | 3  |    |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |
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| СОММ               | ENT  | s  |          |         |          |     |          |      |          |       |       |               |     |         |          |       |          |         |       |              |     |          |                             |      |          |               |      |                           |      |               |         |                               |           |              |          |     |                    |         |                          |   |